

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # P99000015950

1. Entity Name

ROZE OF ORLANDO, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90064 018 \*\*\*150.00

Principal Place of Business

3060 TALL TIMBER DR.  
 ORLANDO FL 32812

Mailing Address

3060 TALL TIMBER DR.  
 ORLANDO FL 32812-6053

2. Principal Place of Business

3060 TALL TIMBER DR.

Suite, Apt. #, etc.

3. Mailing Address

3060 TALL TIMBER DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO FloridaZip  
32812Country  
U.S.ACity & State  
ORLANDO FloridaZip  
32812Country  
U.S.A

4. FEI Number

59-3558239

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RATANSI, SADRUDIN  
 3060 TALL TIMBER DR.  
 ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-2000

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

RATANSI, SADRUDIN  
 3060 TALL TIMBER DR.  
 ORLANDO FL 32812

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-00

CR2E034 (9/99)